

Application for VA research Privileges– Initial Processing Checklist

Applicant's Name: _____ Supervisor/Dept. Chair _____

Principal Investigator(s) with whom you are working: _____

Applicant's Position: _____ Degree: _____ Licensure: _____

Service or Dept.: _____ Phone: _____ Email: _____

Type of current appointment at the STVHCS? None VA Salaried WOC Contract

Have you ever had a WOC appointment at the STVHCS? Yes No

Will your research activities include:

Direct interaction with human subjects? Yes No

Interaction with identifiable information from human subjects? Yes No

Working with laboratory animals? Yes No

Working within a research laboratory? Yes No

Work conducted on-site at the STVHCS? Yes No

Will you be working on a VA funded Study? Yes No

Will you be working on a new (not yet approved) or existing (already approved) project? (circle one)

Please list the research protocol(s) on which you will be working:

IRB Number or Project Title	For human subject study: Are you currently listed on the B2 personnel form at the IRB?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>

Applicant Signature

Research Admin Only: Category: _____

WOC Application packet delivered:

- | | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Checklist | <input type="checkbox"/> OF 612 | <input type="checkbox"/> Application for Nurses | <input type="checkbox"/> WOC Request Memo |
| <input type="checkbox"/> Investigator Request | <input type="checkbox"/> Form I-9 | <input type="checkbox"/> SF 93 | <input type="checkbox"/> Fingerprint Info Card |
| <input type="checkbox"/> Scope of Practice – Human | <input type="checkbox"/> OF 306 | <input type="checkbox"/> Orientation/Training | <input type="checkbox"/> Release of Information |
| <input type="checkbox"/> Scope of Work – Animal/Lab | <input type="checkbox"/> SF 85 | <input type="checkbox"/> Oath Statement | <input type="checkbox"/> Occ Health Questionnaire |
| <input type="checkbox"/> Non-availability of Citizen | <input type="checkbox"/> IPA | <input type="checkbox"/> FCOI Form | <input type="checkbox"/> Occ Health Certification |